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**To: Supervisory Examiner Michael Woodward**  
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Group Art Unit: 1631

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**Date: September 6, 2002**

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**Comments: Serial No. 08/441,4<sup>4</sup>33, Our File 223002006316**

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2. Fee Transmittal (1 page in duplicate, 2 pages total)
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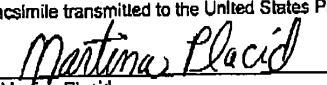
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/441,433	
	Filing Date	May 15, 1995	
	First Named Inventor	Michael HOUGHTON	
	Group Art Unit	1831	
	Examiner Name	M. Zeman	
Total Number Of Pages In This Submission	11	Attorney Docket No.	223002008316

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form (+ duplicate for fee processing - 2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (6 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (2 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____		
<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Remarks</td> <td></td> </tr> </table>			Remarks	
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304-1018
Signature	<i>Shantanu Basu</i>
Date	September 6, 2002

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